

**TIPPECANOE COUNTY HEALTH DEPARTMENT**

20 North Third Street • Lafayette, IN 47901-1211

Phone (765) 423-9221 • FAX (765) 423-9154

<http://www.county.tippecanoe.in.us/departments/health/>

**Application for
INSPECTION OF EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM**

Also note that the Health Department takes no responsibility for any adverse conditions of weather or the premises that could influence the inspection. Should a malfunction of the system become evident during the inspection, corrective action must be taken immediately by the owner.

Applicant Name: _____ **Phone:** _____**Address:** _____**Home Owner Name:** _____ **Phone:** _____**Current Address:** _____

Property Information

A completed "On-Site Sewage Disposal System Information Sheet" MUST accompany this application.

Address of Property to be Inspected _____**Directions to Site:** _____**Size of Lot to be Inspected** _____ **Year of Home Construction** _____**Listing Information Attached:** ☐ YES ☐ NO**At the time of the inspection, will the house be occupied?** ☐ YES ☐ NO**If the house is not occupied, When was the house last occupied?** _____**Do you plan to Pick up Results or Would you like them Mailed?**☐ PICK UP: Phone Number for Pick Up _____☐ MAIL TO: _____**Applicant's Signature** _____ **Date** _____

~~~~~ **Office Use Only** ~~~~~

Application Received by:    ☐ MAIL        ☐ WALK IN        ☐ FAXInformation Sheet Included with Application:    ☐ YES        ☐ NO

Required Fee of \$50.00 Paid: \_\_\_\_\_ Paid by: \_\_\_\_\_

Scheduled Initial Inspection: Date \_\_\_\_\_ Time \_\_\_\_\_

Diagram of the System is on File:    ☐ YES        ☐ NO    Log Results into Database:    ☐ YES        ☐ NOInformation provided to the buyer on maintenance of the system:    ☐ YES        ☐ NO

Inspection made by: \_\_\_\_\_

Conditions of the Sewage System: \_\_\_\_\_

One day Follow up Visit: \_\_\_\_\_

Two day Follow up Visit: \_\_\_\_\_

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**Information Disclosure for  
EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM**

*An inspection of an existing on-site sewage disposal system (or septic system) can be performed by the Environmental Health Division for the purposes of a loan. **This information disclosure sheet MUST be completed and signed by the seller**, and returned to the Health Department with the application before an inspection can be scheduled.*

Home Owner Name: \_\_\_\_\_

Address of Property to be Inspected: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

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**On-Site Sewage System Information****Does your sewage system have a dry well, finger system, or both?**☐ DRY WELL      ☐ FINGER SYSTEM      ☐ BOTH      ☐ DON'T KNOW**Does your sewage system have an effluent pump?** ☐ YES      ☐ NO      ☐ DON'T KNOW**Do you have a metal, cement, or other septic tank?** ☐ METAL      ☐ CEMENT      ☐ OTHER      ☐ DON'T KNOW

If OTHER, please explain: \_\_\_\_\_

**Has your septic tank ever been repaired or replaced?** ☐ YES      ☐ NO      ☐ DON'T KNOW

If YES, when? \_\_\_\_\_

**When was the septic tank last pumped?** \_\_\_\_\_ **Frequency of pumping?** \_\_\_\_\_**Have you ever had any problems with seepage, back ups in the house, or toilet not flushing?**☐ YES      ☐ NO      If YES, please explain: \_\_\_\_\_**Does all water (laundry, kitchen sink, dishwasher, lavatory, and toilet) drain into the same system?**☐ YES      ☐ NO      ☐ DON'T KNOW      If NO, please explain: \_\_\_\_\_**Have there been any repairs to the sewage system?** ☐ YES      ☐ NO      ☐ DON'T KNOW

If YES, When was it repaired? \_\_\_\_\_ Who did the repair? \_\_\_\_\_

**Do the down spouts drain underground or to the surface?** ☐ UNDERGROUND      ☐ SURFACE      ☐ DON'T KNOW**Do the down spouts drain over the septic system?** ☐ YES      ☐ NO      ☐ DON'T KNOW

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**Private Water Supply Information****What type of well do you have?** ☐ DRIVEN      ☐ DUG      ☐ BORED      ☐ DRILLED      ☐ DON'T KNOW**Depth of well?** \_\_\_\_\_ **Where is the well located?** \_\_\_\_\_**What kind of treatment, if any, do you have for your water (softener, reverse osmosis, etc.)?**

\_\_\_\_\_

**Have you ever had any trouble with your water supply?** ☐ YES      ☐ NO

If YES, please explain: \_\_\_\_\_

**Have you ever had your water tested by a laboratory?** ☐ YES      ☐ NO

If YES, what was it tested for? \_\_\_\_\_

What were the results? \_\_\_\_\_

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*By signing this document I signify that I understand the above questions, and have answered them honestly and to the best of my ability.*

\_\_\_\_\_  
Seller\_\_\_\_\_  
Date